



PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

1331300-0324

First Named Inventor

Marcy L. Freed

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATMENT OF OROPHARYNGEAL DISORDERS BY APPLICATION OF NEUROMUSCULAR
ELECTRICAL STIMULATION

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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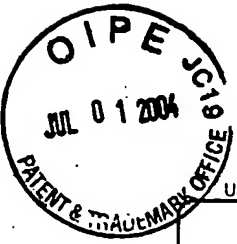


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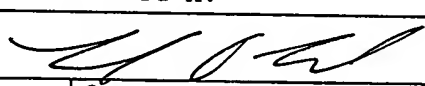
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <u>26,831</u> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Marcy L.</u>		Family Name or Surname <u>Freed</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>7/1/04</u>	
Residence: City <u>Marysville</u>	State <u>WA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>12730 Marine Drive</u>			
City <u>Marysville</u>	State <u>WA</u>	ZIP <u>98271</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Leonard A.</u>		Family Name or Surname <u>Freed</u>	
Inventor's Signature		Date	
Residence: City <u>Kailua</u>	State <u>Hawaii</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>639 Akoakoa</u>			
City <u>Kailua</u>	State <u>Hawaii</u>	ZIP <u>96734</u>	Country <u>USA</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>3</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



DECLARATION — Utility or Design Patent Application

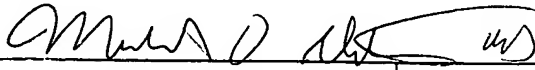
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Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Marcy L.</u>		Family Name or Surname <u>Freed</u>	
Inventor's Signature		Date	
Residence: City <u>Marysville</u>	State <u>WA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>12730 Marine Drive</u>			
City <u>Marysville</u>	State <u>WA</u>	ZIP <u>98271</u>	Country <u>USA</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Leonard A.</u>		Family Name or Surname <u>Freed</u>	
Inventor's Signature 		Date <u>3/5/2004</u>	
Residence: City <u>Kailua</u>	State <u>Hawaii</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address <u>639 Akoakoa St.</u>			
City <u>Kailua</u>	State <u>Hawaii</u>	ZIP <u>96734</u>	Country <u>USA</u>
<input checked="" type="checkbox"/> Additional Inventors or a legal representative are being named on the <u>3</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael O.		Christian	
Inventor's Signature 		Date	
Residence: City	Mayfield Heights	State	OH
		Country	USA
Citizenship USA			
Mailing Address 678C Mayfield Road			
Mailing Address			
City	Mayfield Heights	State	OH
		Zip	44124
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Howard		Tucker	
Inventor's Signature		Date	
Residence: City	Cleveland Heights	State	OH
		Country	USA
Citizenship USA			
Mailing Address 2801 North Park			
Mailing Address			
City	Cleveland Heights	State	OH
		Zip	44118
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bernard		Kotton	
Inventor's Signature		Date	
Residence: City	Beachwood	State	OH
		Country	USA
Citizenship USA			
Mailing Address 25410 Bryden Road			
Mailing Address			
City	Beachwood	State	OH
		Zip	44122
		Country	USA

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Given Name (first and middle (if any))		Family Name or Surname	
Michael O.		Christian	
Inventor's Signature		Date	
Residence: City	Mayfield Heights	State	OH
Country	USA	Citizenship	USA
Mailing Address 678C Mayfield Road			
Mailing Address			
City	Mayfield Heights	State	OH
Zip	44124	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Howard		Tucker	
Inventor's Signature <i>H. Howard Tucker</i>		Date <i>5-19-04</i>	
Residence: City	Cleveland Heights	State	OH
Country	USA	Citizenship	USA
Mailing Address 2801 North Park			
Mailing Address			
City	Cleveland Heights	State	OH
Zip	44118	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bernard		Kotton	
Inventor's Signature		Date	
Residence: City	Beachwood	State	OH
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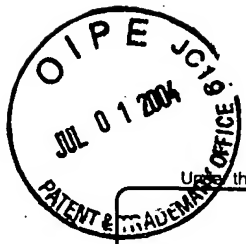
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Michael O.		Christian	
Inventor's Signature		Date	
Residence: City	Beachwood	State	OH
Country	USA	Citizenship	USA
Mailing Address 26955 Annesley Road			
Mailing Address			
City	Beachwood	State	OH
Zip	44122	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Howard		Tucker	
Inventor's Signature		Date	
Residence: City	Cleveland Heights	State	OH
Country	USA	Citizenship	USA
Mailing Address 2801 North Park			
Mailing Address			
City	Cleveland Heights	State	OH
Zip	44118	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bernard		Kotton	
Inventor's Signature <i>Bernard Kotton</i>		Date 3/4/2004	
Residence: City	Beachwood	State	OH
Country	USA	Citizenship	USA
Mailing Address 25410 Bryden Road			
Mailing Address			
City	Beachwood	State	OH
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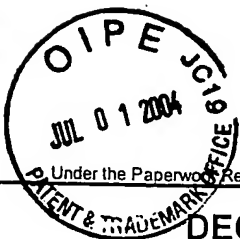


DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
	Page <u>2</u> of <u>3</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Erol M.		Beytas	
Inventor's Signature <i>Erol Beytas, MD</i>		Date <i>2/24/04</i>	
Residence: City	Beachwood	State	OH
Country	USA		
Citizenship	USA		
Mailing Address 24675 Woodside Road			
Mailing Address			
City	Beachwood	State	OH
Zip	44122	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marie		Asmar	
Inventor's Signature		Date	
Residence: City	Richmond Heights	State	OH
Country	USA		
Citizenship	USA		
Mailing Address 703 Edgewood Road			
Mailing Address			
City	Richmond Heights	State	OH
Zip	44143	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ed		Dunlay	
Inventor's Signature		Date	
Residence: City	Harrison	State	TN
Country	USA		
Citizenship	USA		
Mailing Address 7825 Lasata Court			
Mailing Address			
City	Harrison	State	TN
Zip	37341	Country	USA

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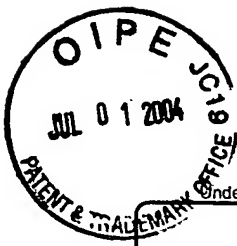
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ADDITIONAL INVENTOR(S)
Supplemental SheetPage 2 of 3

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Erol M.		Beytas	
Inventor's Signature		Date	
Residence: City	Beachwood	State	OH
		Country	USA
Citizenship USA			
Mailing Address 24675 Woodside Road			
Mailing Address			
City	Beachwood	State	OH
		Zip	44122
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marie		Asmar	
Inventor's Signature <i>Marie Asmar</i>		Date <i>6/16/04</i>	
Residence: City	Richmond Heights	State	OH
		Country	USA
Citizenship USA			
Mailing Address 703 Edgewood Road			
Mailing Address			
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		Country	USA
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Ed		Dunlay	
Inventor's Signature		Date	
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Inventor's Signature		Date	
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Mailing Address			
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Inventor's Signature		Date	
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Ed		Dunlay	
Inventor's Signature 		Date 2/24/04	
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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tim		Kretschmer	
Inventor's Signature		Date 6/8/2004	
Residence: City	Wabasha	State	MN
		Country	USA
Citizenship USA			
Mailing Address 1313 West Grant Blvd.			
Mailing Address			
City	Wabasha	State	MN
		Zip	55981
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
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		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
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		Country	
Citizenship			
Mailing Address			
Mailing Address			
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